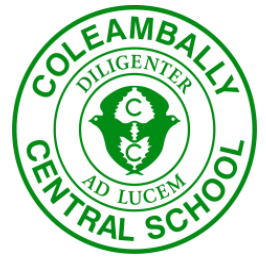




Coleambally Central School

A quality education in your community school
Find us at: Kingfisher Avenue, Coleambally, NSW, 2707
Phone: 6954 4131 Fax: 6954 4396
Email: coleamball-c.school@det.nsw.edu.au



Student Contact and Medical Details Information Sheet

Surname:.....

Given Names:.....

D.O.B:..... Sex: M / F:.....

Address.....

Parent/Carer Email Address:

Contact Phone Number:

Parent/Carer Name:.....

Mother/Carer Work No.: Mobile:

Father/Carer Work No.: Mobile:

Emergency Contact Name: Phone:

Emergency Contact Name: Phone:

If your child is the subject of family law matters, you will need to provide:

- Copies of any family law or other relevant court orders.

I have attached relevant copies. Yes

CHILD'S MEDICARE NUMBER: (11 digits in total including child's position number on card)

child's position on card

EXPIRY DATE

DOCTORS DETAILS:

Name: Phone:.....

Address:

.....

.....

Please answer the following questions: (please be specific in information provided)

1. Does your child suffer from:

- a. Asthma Yes/No
- b. Skin Conditions Yes/No
- c. Diabetes Yes/No
- d. Epilepsy, fits or blackouts Yes/No
- e. Allergic Conditions * Yes/No

Details.....

f. Food Allergies * Yes/No

Details.....

g. Other medical conditions* Yes/No

Details.....

h. Does your child require an Action Plan for any allergies*? Yes/No

Please attach current up to date Action Plan.

i. Is your child currently required to take medication whilst at school? Yes/No

If yes, please contact Front Office for additional information.

4. Is your child allergic to any medications? Yes/No

Details.....

Additional information:.....

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